

Juvenile Diabetes Research Foundation (JDRF) - Kentucky Chapter

Mission: Find a cure for diabetes and its complications through the support of research.



JDRF is the world's leading funder of diabetes research. JDRF structures its research on a business-world model to ensure that resources are spent most effectively to accelerate progress toward finding a cure. JDRF is the only major diabetes organization focused exclusively on research.

Visit the JDRF web site: Juvenile Diabetes Research Foundation (JDRF) International - Kentucky Chapter

Adoption gives families lifetime rewards

By Dr. Eugene Foster

Earlier this month, I had the honor of meeting many of the state's unsung heroes - our adoptive families. Read more on page 4. For more information on CHFS Adoption programs, visit <http://chfs.ky.gov/>.

Note to readers: CHFS Focus will not be published next week due to the Thanksgiving holiday.

Deputy Secretary Delanor Manson brings energy and experience to CHFS

Delanor Manson brought a wealth of experience and energy to the Kentucky Cabinet for Health and Family Services (CHFS) when she was appointed Deputy Secretary in June. She sees her role as "supporting cabinet initiatives that fulfill Gov. Fletcher's goals to strengthen the state's public and private health care systems and the families they serve."



A registered nurse, a certified health care quality professional, and a U.S. Navy Reservist, Manson was most recently employed as a senior healthcare consultant with Smith Seckman Reid, Inc. of Nashville. Previously, she was senior vice president for accreditation and regulatory management for META Associates of Louisville, a health care program management company. She has 30 years' experience in health care education, marketing, quality

management and business development, as well as practical patient care.

The Louisville native credits her initial interest in health care to her mother and grandmother, who was a nursing assistant, and her broader interest in the field to her desire to help health care professionals to be involved. "My early experience showed me that hands-on staff were the least likely to be involved in administrative decisions," she said. "I wanted to help change that."

But it was her cousin Eugene, a Navy boxer, who sparked her desire to travel with his stories of faraway places. Retired from the U.S. Navy Reserves after 27 years of duty as a Captain(O-6), Manson spent nine of those years on three-month to year-long assignments in England, Germany, Italy, Japan, Puerto Rico, and the U.S. "Those experiences gave me different perspectives, not only on health care, but on work ethics, leadership, creative problem-solving, and relationships," she said. "But primarily, I learned that my staff is my most valuable resource."

Manson enjoys biking, workouts, reading, and tending her bonsai collection. Her future plans include attending law school. "I want to work for and with people in need - and ensure the programs that serve them are excellent," she said.

Manson received her nursing degree from the University of Kentucky and holds a master's degree in healthcare administration from Webster University.

Central State Initiatives Showcased at 15th Annual Mental Health Institute



Central State Hospital strives to utilize the best and most recent treatment technologies, methodologies, and evidence-based practices. Central, located in Louisville, is part of the Cabinet's Department for Mental Health and Mental Retardation Services (DMHMRS) and serves approximately 115 patients with severe and persistent mental illness.

The facility's executive leadership team offers strong support to clinical staff in implementing a variety of initiatives intended to generate the best possible patient outcomes. Recently, Central State Hospital participated in the 15th Annual Mental Health Institute, held in Louisville

at the Galt House, September 29 through October 1, and held a pre-institute symposium on September 28.

“We were delighted to share with other facilities, health care providers, consumers, their families and friends some of the clinical initiatives we have underway at Central State Hospital that are designed to improve care and promote recovery,” stated Patricia Brodie, Hospital Director. “These initiatives span the continuum from more therapeutic, trauma-informed treatment of violent or aggressive patients, to options for managing common side effects of newer psychotropic medications, all with an understanding that a true wellness model of recovery involves addressing the physical, mental, emotional and spiritual needs of patients.”

Central’s participation included the pre-institute symposium, two poster presentations, and several workshops on a variety of treatment modalities and research to improve outcomes, all briefly described below. In addition, the hospital was represented by two exhibit booths and CSH employee, Donna Smith, M.D., was recognized with the first annual Margaret Pennington Award for her exemplary contribution to services and treatment.

To further positive patient outcomes in all facilities within KDMHMRS, as well as to assist their community partners, Central has provided training, and educational materials to staff of other agencies and facilities, consumer groups, and advocacy groups in many of the areas featured at the Institute.

In addition, through a grant application developed by Central State Hospital, with the assistance of DMHMRS, the department has been awarded a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), in the amount of \$237,000 per year for three years (two year renewable), for implementation of the Kentucky Seclusion and Restraint Reduction Project (see “Promoting Violence Free and Coercion Free Mental Health Treatment Environments” below) within all DMHMRS facilities statewide. The project period for this grant is September 30, 2004 through September 29, 2007.

Paula Travis, Nurse Executive at Central State, said, “Any successful step toward more therapeutic interventions, and away from physical or coercive treatment strategies such as seclusion or restraint, is a step toward better patient care, and a higher level of patient dignity and respect.”

Following are brief descriptions of the presentations and workshops either provided by Central State Hospital, or in

which Central clinicians participated, during the Mental Health Institute.

The following two topics were presented both as Poster Presentations and as workshops:

“Violence Free and Coercion Free Mental Health Treatment Environments: One Year Later – Does It Work?” presented by Paula Travis, Ed. D., MSN, RN, and Pat Brodie (at right), MSN, RN, MNA.



Central State Hospital is one of twenty hospitals across the country selected to participate in this important nationwide initiative, and took the opportunity to share information, research, training, and experience with presentation attendees from across the state. Presenters discussed the most promising therapeutic techniques, such as therapeutic communication skills, non-violent interventions, and staff restructuring. With the development of an advanced mental health technician classification, certain direct care staff at Central State now receive highly specialized training to prepare them to deal with very agitated, violent or aggressive behaviors in patients who are at risk of self harm or harm to others. In such cases, these patients may, in the past, have been candidates for seclusion and restraint. In addition, the use of a treatment map developed for violent and aggressive behavior was introduced at this session.

“Breaking the Cycle: Strategies for Managing and Preventing Weight Gain, Dyslipidemia, and Diabetes with Antipsychotic Use” presented by Catherine Arnold, MS, RD, LD, Latisha Hill, RD, LD, Thea Rogers, PharmD, BCPP, and Lisa Zahradnick, MS, RD, LD.

This presentation was designed to enhance the understanding of best practices for prevention and management of the metabolic side effects of second generation anti-psychotics. A review of the mechanisms implicated in the development of diabetes, obesity, and dyslipidemia was given, the performance improvement initiative conducted regarding weight gain at Central State Hospital was outlined, and strategies for the implementation of wellness programs at the institutional level were shared.

Workshops:

“Motivational Interviewing” presented by Brian L. Moore, Ph. D. of Central State Hospital and Suzanne Carrier, LCSW, of KDMHMRS.

This interactive workshop trained attendees in the fundamentals of Motivational Interviewing, an evidence-based practice used to engage and maintain clients in treatment.

“Advanced Motivational Interviewing” presented by Brian L. Moore, Ph. D., and Suzanne Carrier, LCSW, of KDMHMRS.

This was an advanced course in Motivational Interviewing that reviewed the fundamentals, but also delved deeper into the spirit of the technique and identified the key elements that engages clients and promotes “change talk.”

“Brief Psychiatric Rating Scale (BPRS)” presented by Andrew Cooley, M.D.

This BRPS presentation provided the initial training necessary for a mental health professional to use the tool in order to rate an adult’s recent psychiatric symptomatology.

Exhibit Booths:

- General Information Booth Regarding Central State Hospital
- Kentucky Medication Algorithm Project (KyMAP) Booth

KyMAP Pre-Institute Symposium - Tuesday, September 28, 2004

Over 75 individuals participated in a Symposium featuring the Kentucky Medication Algorithm project (KyMAP)--an effective clinical beginning to the Mental Health Institute. The aim of the symposium was to enlighten the participants about the need for consistency in an algorithm-driven treatment philosophy. This day-long symposium included multiple speakers who addressed topics such as the introduction of evidence-based practices in disease state management, and the interrelated changes in Medicaid. The event concluded with a panel composed of mental health care professionals, a consumer, and a family member who fielded questions from the attendees regarding the efficacy and benefits of algorithm implementation.

Cabinet Urges Kentucky Smokers to continue “Smoke-Out” efforts

Even if you missed this year’s Great American Smoke-Out on Thursday, CHFS encourages smokers to continue the effort to quit smoking for good.



Kentucky leads the nation in the number of adults who smoke, 30.8 percent, according to a study released by the Centers for Disease Control and Prevention last week. The state rate for teens that smoke is 34 percent, and the percentage of women who smoke during their pregnancy is 24 percent. Kentucky has the fifth highest rate for heart disease and leads the nation in lung cancer mortality. Kentucky’s annual health care costs directly caused by smoking is \$1.17 billion; the portion covered by the state’s Medicaid program is \$380 million.

The results of numerous surveys indicate that two thirds of all smokers say they would like to quit smoking and nearly half of all smokers try to quit smoking each year; but the addiction to nicotine is difficult to overcome.

A national quit line is available to provide brief intervention when the conviction to quit waivers. A national quit line number 1-(800)-QUITNOW puts users in touch with programs that can help them give up tobacco. This toll-free number automatically routes callers to the state-run quit line.

A new Health and Human Services web site, www.smokefree.gov, offers online advice and downloadable information to make cessation easier and the American Lung Association also offers a web-based smoking cessation program, Freedom from Smoking, at www.lungusa.org/ffs/index.html for individual assistance. For online information about the Cooper/Clayton Method to Stop Smoking visit www.kcr.uky.edu/kcp/cooperclayton.htm

Dr. William Hacker, Acting Commissioner for the Kentucky Department for Public Health, said, “I encourage smokers to contact their local health department for a schedule of smoking cessation programs in their area. Smokers can also speak with their personal physician who can explain the health risks of smoking and the effect it is having on their health and quality of life.”

When you stop smoking you improve your chances for a longer and healthier life. Other benefits include:

- Immediately after quitting smoking, you don’t have to deal with the inconvenience of leaving your workstation, someone’s home, your own home, a restaurant, or other place to smoke.
- Twenty minutes after quitting smoking, your blood pressure drops to a level close to that before your last cigarette. The temperature of your hands and feet increases, returning to normal.
- Eight hours after quitting smoking, the carbon monoxide level in your blood drops to normal.

- Twenty-four hours after quitting smoking your chances of having a heart attack decrease.
- Two weeks to three months after quitting smoking, you have better circulation and your lung function increases up to 30 percent.
- One to nine months after quitting smoking, coughing, sinus congestion, fatigue, and shortness of breath decrease and your lungs state to function better, lowering your risk of lung infection.
- One year after quitting smoking, you reduce your risk for heart disease by 50 percent.
- A pack a day smoker who pays \$2.75 per pack can expect to save over \$82.00 each month and nearly \$1,000 a year.
- When you stop smoking you reduce your risk of heart disease, stroke, cancer, and lung diseases like emphysema or bronchitis, and reduce wrinkling and aging of the skin and eyes.
- When you quit smoking, you set a good example for your children to follow. New research shows that parents who quit while their kids are young reduce the chances that their children will become smokers themselves.

KIPDA Jefferson SRA Wilson retires

Sandra Wilson, former KIPDA Jefferson service region administrator, poses at the unveiling of a collection of framed Special Needs Adoption Program photos in April 2003 at Louisville's L and N building. The photo collection was one of many diligent recruitment efforts Wilson helped establish as SRA. She retired Oct. 29.



By Anya Armes Weber

After 34 years of service to the state, KIPDA Jefferson Service Regional Administrator Sandra L. Wilson retired on Oct. 29.

Governor Ernie Fletcher has issued a proclamation paying tribute to Wilson for her service.

The proclamation reads, in part: "As administrator, Sandra worked diligently with community partners to better the quality of adult and child protection, foster care, adoption, and other services in Jefferson County that seek to enhance family self-sufficiency."

Department for Community Based Services Commissioner Mike Robinson added his praise.

"We will miss Sandra," he said. "But the KIPDA Jefferson region will continue to benefit from her leadership through all the quality projects she has helped instigate and the staff she motivated."

As SRA, Wilson helped establish Jefferson County's Neighborhood Place network in 1993.

Neighborhood Places are "one-stop" centers that house cabinet offices and several other public health, education and human service agencies.

Wilson was recognized at the annual Neighborhood Place meeting on Oct. 21. Mayor Jerry Abramson proclaimed that day, "Sandra L. Wilson Day" in Louisville.

In 2000, Wilson helped establish Jefferson County's Family to Family initiative, funded by the Annie E. Casey Foundation and intended to increase the area's number and quality of foster homes, make foster care more culturally sensitive and keep foster children within their home communities.

In 1997, also during Wilson's tenure, Jefferson County established its Community Partnership for Protecting Children, an effort to strengthen families and improve neighborhood involvement in child protection and prevention activities.

Mary Gordon, the region's service region administrator associate for family support and child support, is Jefferson's acting SRA.

Adoption gives families lifetime rewards

By Dr. Eugene Foster

Earlier this month, I had the honor of meeting many of the state's unsung heroes - our adoptive families. The Kentucky Cabinet for Health and Family Services recognized one family from each of our 16 regions as part of Adoption Awareness Month. Parents brought their children, whose playfulness and laughter livened the evening reception.



One of our Louisville office's Special Needs Adoption Program workers, Jim Wilson, spoke at the reception. Wilson and his wife, Carol, have adopted six children themselves. He recalled one of his daughters telling him years ago, "You know, Dad, adoption is both happy and sad."



Wilson's daughter was only 6 at the time, but she was perceptive enough to realize that before any adoption can be realized, there is a loss.

All children will eventually experience loss. But the trauma of losing their family and home so early can deeply affect children. Some enter adulthood still coping with their pain in ways that hurt themselves or someone else. All of them deserve a loving home to help ease the pain. That's why the families who have adopted through state foster care are so important to us at the cabinet and, ultimately, to the children. And that's why we are constantly recruiting more parents who can become "forever families" for these kids.

The cabinet's child welfare efforts are guided by the federal Adoption and Safe Families Act (ASFA) of 1997. This law revolutionized the country's child welfare system. It requires states to focus on providing safety, permanency and well-being for children in their care. We embrace the goals of this law and have made them our own cabinet objectives. These are the things that all kids need to grow.

Children enter into cabinet foster care when they cannot stay at home because of abuse, neglect or other safety issues. Whenever possible, the cabinet works to heal the family and reunify children and parents. When it's clear this cannot happen, the cabinet asks the courts to terminate parental rights, freeing a child for adoption.

Foster care may be through group settings or family homes. Some families foster directly through the cabinet, while others work through private child-care agencies that contract with us.

We value our relationships with these families and providers. They are highly qualified to care for children with special needs. Their homes become our children's "healing places."

This past year there were 729 adoptions in Kentucky, and 81 percent of those were foster care adoptions.

Most children in foster care are waiting to become part of a new family. ASFA makes that wait shorter by requiring states to move kids with the goal of adoption into a permanent home faster rather than remaining in the foster care system.

Kentucky recently received a \$452,000 bonus from the U.S. Department of Health and Human Services for meeting our adoption goals and increasing the number of adoptions.

In 2002, there were 561 public adoptions in Kentucky; in 2003, there were 611 - an increase of 9 percent. Our adoption numbers have steadily increased from year to year, but they can be better.

The state has set the goal of adoption for 2,000 Kentucky children who can't be reunited with their families. About 1,100 of those have had their parental rights terminated, and they all need someone to take care of them.

For these kids, our continuing objective is to recruit more families who will offer them a place in their lives and give them the nurturing and stability they need to develop into healthy, happy adults.

The cabinet provides financial assistance to adoptive families to assist with the children's needs. We can help pay for children's higher education. And we can link parents to a growing support network across the state.

It takes special families to open their hearts and homes to children who may be physically or emotionally fragile. Adoption is not always easy, but as every family at our recent reception would attest, the rewards are great and will last a lifetime.

Families who are interested in adoption can log onto <http://chfs.ky.gov/> or call (800) 232-KIDS for to learn more. It may be a first step to creating a new "forever family."

Cabinet Taking Steps to Improve Care for Medicaid Patients

The Medicaid program will take action to bring the use of several drugs used to treat mental illness to safer dose and usage levels, Health and Family Services Cabinet Secretary James Holsinger announced Nov. 16.



"One of the most vulnerable populations we serve is people with severe mental illness. We have a responsibility to ensure that these patients are receiving optimal drug therapy to aid in their recovery," said Secretary Holsinger.

Currently, about 27,000 members of Kentucky Medicaid use a class of drugs called atypical antipsychotics to treat schizophrenia, bipolar disorder and psychosis. These drugs include Abilify, Clozaril, Geodon, Risperdal, Seroquel and Zyprexa.



Over the past 14 months, evidence has revealed that these drugs can cause many serious reactions including: death or stroke for the elderly; cardiovascular disturbances; significant weight gain; metabolic disturbances; and significant concerns for pediatric patients. The Food and Drug Administration (FDA) requested in September 2003 that all six atypical antipsychotic agents include a black box warning that they can increase the risk of hyperglycemia and diabetes. Of the 27,000 Medicaid members using these drugs, 36 percent have diabetes.

Nearly 10 percent of Medicaid members on atypical antipsychotics are using them at dosages that far exceed the FDA's recommended levels for safety. Over 20 percent of members on multiple antipsychotic drugs are using them for indications not recommended by the manufacturers or the FDA.

The Cabinet has begun to share the usage information with consumers, advocates, providers, legislators, professional organizations and other affected groups. The Cabinet has also prepared sentinel alert letters to go out to prescribing physicians, which will contain individual patient profiles specifying under- or over-utilization.

In addition, the Cabinet will present to the Pharmacy and Therapeutic Committee (P & T) on Thursday and ask for help in evaluating draft protocols to move Medicaid patients on these drugs to compliance with the FDA and Medicaid. The P & T Committee is an advisory group of practicing physicians and pharmacists who volunteer their time to improve quality outcomes for Medicaid recipients by evaluating medications and making recommendations about the Medicaid preferred drug list (PDL).

"Medicaid will always be more concerned with quality than with cost. Most physicians agree that quality care is less expensive than poor care," said Dr. Holsinger. "We are taking action on these and other issues because 680,000 Medicaid members deserve access to better quality care."

Health Tip of the Week: How does the flu differ from a cold?

By Anne Parr, R.N.

Although often confused with the common cold, influenza is more severe and potentially poses a greater health risk. Every year, an estimated 17 million to 50 million cases of influenza are reported nationwide — many of which occur in otherwise healthy people.

Similar to the common cold, the flu can produce respiratory symptoms, such as runny nose, coughing, and sore throat. However, the influenza virus typically causes more intense symptoms, such as sudden onset of fever, chills, headache, and muscle aches in adolescents and adults. Unlike symptoms of the common cold, the fatigue and cough caused by the flu can last up to two weeks — long after other symptoms subside.

For quick reference, below is a chart comparing common cold and flu symptoms: (chart).

Symptoms	Cold	Flu
Fever	Rare in adults and older children, but can be as high as 102°F in infants and small children	Usually 102°F, but can go up to 104°F and usually lasts 3 to 4 days
Headache	Rare	Sudden onset and can be severe
Muscle aches	Mild	Usual and often severe
Tiredness and weakness	Mild	Can last two or more weeks
Extreme exhaustion	Never	Sudden onset and can be severe
Runny nose	Often	Sometimes
Sneezing	Often	Sometimes
Sore throat	Often	Sometimes
Cough	Mild hacking cough	Usual and can become severe

Postal Services makes move from HR Complex, no change in service

By Patricia Boler

As many of you already know, the Finance and Administration Cabinet's Division of Postal Services has moved to their new location at 1230 Wilkinson Boulevard. Although the staff has moved from the HR Complex to their new location, CHFS should not see a change in services. The move may initially cause a slight delay in delivery and pick up, as the staff adjusts to their new arrangements. Overall, mail services should run smoothly and with no major complications.

Angie Bates will remain onsite full-time to operate the HR Complex satellite office. She will be located near the loading dock elevator in the basement area and can be reached by phone at (502) 564-7812. Her office will be the collection point for any late mailings. Mail that is



prepared after the regular pick-up time should be delivered to Angie as soon as possible. Postal Services will then pick up that mail at 4 p.m.

Mailings that need to be weighed should also be taken to Angie to determine the appropriate postage.

Mass mailings should be marked, as a group, with your correct postal code. Each piece does not have to be coded as long as all items are sent grouped together and marked clearly. It is necessary, however, to call Postal Services in advance to advise them of mass mailings. This enables their staff to be prepared to pick up larger amounts of mail.

If you have other questions, need special assistance with a mailing or want to notify Postal Services of a mass mailing, contact Michele Spires at (502) 564-3769.

Nichols Named Psychologist of the Year in Kentucky

Dr. Owen Nichols, clinical director and associate executive director of Western State Hospital (WSH) in Hopkinsville, was recently named as the "Psychologist of the Year" during the annual convention of the Kentucky Psychological Association held Nov. 3-5 in Louisville.



Nichols was recognized for his efforts to promote and expand the practice of Psychology in the Commonwealth. His contributions to the field of mental health began after he completed his predoctoral internship at Western State Hospital in 1988 when he began an initiative to develop a predoctoral training consortium between WSH, Pennyroyal Mental Health Center and Cumberland Hall Psychiatric Hospital to recruit psychologists to rural western Kentucky. The Western Kentucky Predoctoral Psychology Internship Consortium now in its 11th year of operation and was used as a model to form the Eastern Kentucky Predoctoral Psychology Internship Consortium.

Nichols has served as a mentor, developing leaders from various clinical disciplines, and is dedicated to the integration and delivery of quality mental health services to all clients. He consistently promotes an interdisciplinary approach to mental health treatment and advocates for every client to receive the best available services tailored to their individual needs.

Nichols has served on the board of the Kentucky Psychological Association (KPA), as well as a member on

the statewide Department of Mental Health Quality Team and the HB 843 Quality Workgroup. He has also served as the western Kentucky representative of the KPA, was co-chair of the KPA Governmental Relations Committee, and chaired the Committee on Psychopharmacology. He has also written several articles and made numerous presentations on behalf of the KPA on a variety of topics.

Nichols received his undergraduate degree from the University of Kentucky in 1983, his master's degree from Eastern Kentucky University in 1983, and his doctorate from Forest Institute in 1987. He and his son, Zachary, reside in Hopkinsville.

Employee Enrichment

By Anya Armes Weber



Employee Enrichment is a weekly feature for CHFS staff. These tips for making work better will focus on team building, customer service and personal development.

When you're making a proposal, you can increase your chances of success by being direct and eliminating superfluous distractions. Get to the heart of what matters most to keep your message from getting muddled.

The same philosophy can improve your overall work life. Get rid of bad habits, obligations and behaviors that drag you down or yield negative results. We repeat the actions that give us our preferred results. Ditch what's not working for you and you've made the first step to finding out what does.

Visit us online!

To view the online version of CHFS Focus, visit our web site at <http://chfs.ky.gov/newsletter>.

Note to readers: CHFS will not publish CHFS Focus on the week of Nov. 22 – 26 due to the Thanksgiving holiday.